

100-200000
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10560228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1			1				51					
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7				3			57						
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44				3			94						
45				3			95						
46				3			96						
47				3			97						
48				3			98						
49				3			99						
50				3			100						
TOTAL IND.				3									
TOTAL DEP.				3									
TOTAL CLAIMS				3									